			VISION OF HE		AND CEN				-02-l	041100/
DO NOT WRITE	IN THEM T	OF PU	Registration District No.	17 Prin	nary Registration	Registrar's No.	3061	STATE FIL	E NUMBER	
ON THIS STUB	AMENE	DED	FILE	NOV 5/1962			/			
VS 300		1 1	I. PLACE OF DEATH a. COUNTY C.	T 1			II		ased lived. If institut	1
Rev. 4/59	AMENDED		a. COUNTY St.	LOUIS corporate limits, give TOWNS	العم والاع	Length of stay in 1b			St. Lov	<u> 18</u>
	집		OR		SHIP ONLY)		OR TOWN 25	_		Inside Limits
14005	₹		c FILL NAME OF (mond Heights f NOT in hospital, give local	tion\	4 WOCKS	c. CITY OR TOWN Map	Temood	outside, give location)	Yes No Reside on Farm
	DATE		HOSPITAL OP			Yes 🙀 No 🗋	II WOOKESS			Yes No L
240042	8			Mary's Hospi	LTBIL	160 95 160	<u> </u>	31 Cambri	ldge Ave	168 [] (10
3		T	 NAME OF DECEASE (Type or print) 			liddle	Last	4. DATE OF	Month D	Pay Year
				VINCENT	C	•	MILLER		October 20	
			5. SEX	6. COLOR OR RACE	7. Married Midowed		سسم ما ا	1	irthday) IF UNDER I Months D	YEAR IF UNDER 24 HR ays Hours Min.
5 }		1 1	Male	White			<u> </u>	7/		
6	2			N (Give kind of work done in life, even if retired)		USINESS OR INDUST				OF WHAT COUNTRY
	5		13a. FATHER'S NAME	noter	Utili	TY OTHER'S MAIDEN NA	ME St. 1	ouis Mo	AME OF HUSBAND OR	USA.
7 0				7700 90	ı		·	l l		
8 2 0	ااام		15. WAS DECEASED EVI	Francis Miller, Sr. Elsie Rohe Edith Parini Miller 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Address						ALAME CA
	ַ אַ]	(Yes po, or unknown) (i	(Yes, go, or unknown) (If yes, give war or dates of servi						7 ~
	¥ ¥					But del:				INTERVAL BETWEEN ONSET AND DEATH
10	e L	¥e	18. CAUSE OF DEATH (Enter only one cause per line to tay, tay, and tay, tay, and tay, tay, and tay, tay, tay, and tay, tay, tay, and tay, tay, tay, tay, tay, tay, tay, tay,						,	6 mas.
11			1		,					
		1 121			2. 4		7) "	4		,
124/2019	¥I≾II	DOCUMEN	Condit	ions, if any,) DUE TO (b	, met	astases	to s	kin d	bones	1 mas.
1246-0	STEA	DOG	which above	gave rise to cause (a),	met.	astares	No s	kin,	bones,	1 mas.
13	INSTEA	DOC	which above stating	gave rise to	la.	astarer	to se	kin, d	banes,	1 mas.
13	STEA	DOC	which above stating lying	gave rise to cause (a), the under-cause last. DUE TO (cause last.)	c) <u>ha</u>	ANTANEA MACHINE TO DEA	Spin a	kin,	PART III. If decay	4 muos
13	S ON THIS RE	DOC	which above stating lying	gave rise to cause (a), the under-cause last. DUE TO (c	c) <u>ha</u>	M AND	Spin a	kin,	there a pr	regnancy in last 90 days
13	S ON THIS RE	DOC	VOICE STREET OF	gave rise to cause (a), the under-cause last. DUE TO (II. OTHER SIGNIFICANT C disease condition given in	c) Ma ONDITIONS CON In PART 1 (a)		_		there a pr	regnancy in last 90 days No
13	S ON THIS RE	DOC	VOICE STREET OF	gave rise to cause (a), the under-cause last. DUE TO (cause last.)	c) Ma ONDITIONS CON In PART 1 (a)		_		there a pr	regnancy in last 90 days No
13	S ON THIS RE	DOC	NOTE TO THE PROPERTY OF THE PR	gave rise to cause (a), the undercause last. DUE TO (a) 11. OTHER SIGNIFICANT C disease condition given in the condition given in the cause cause cause (a), the ca	ONDITIONS CON		_		there a pr	regnancy in last 90 days No
13 F	ON HIS RE	DOC	Which above stating lying PART I 19. WAS AUTOPSY PERFORMED? YES NO	gave rise to cause (a), the under-cause last. DUE TO (considered last)	ONDITIONS CON		_		there a pr	regnancy in last 90 days No
13 F	S ON THIS RE	DOC	Which above stating lying PART 19. WAS AUTOPSY PERFORMED? YES NO 20c. TIME OF Ho. INJURY a.m.	gave rise to cause (a), the under-cause last. DUE TO (consider the under-cause last. Due to the under-cause (a), the under-cause	ONDITIONS CON IN PART 1 (e)	20b. DESCRIBE HO	_). (Enter nature of	there a pr	regnancy in last 90 days No
RIBBON STREET	AMENDMENIS ON THIS KE	DOC	NOTE TO THE PROPERTY OF THE PR	gave rise to cause (a), the under-cause last. DUE TO (consider the under-cause last. Due to the under-cause (a), the under-cause	c)	20b. DESCRIBE HO	OW INJURY OCCURRED). (Enter nature of	injury in PART I or PA	regnancy in last 90 days No
RIBBON STREET	AMENDMENIS ON THIS KE	DOC	Which above stating lying PART 19. WAS AUTOPSY PERFORMED? YES NO 20c. TIME OF Hoo INJURY P.M 20d. INJURY OCCUR WHILE AT WOR NOT WHILE AT	gave rise to cause (a), the undercause last. DUE TO (a) 11. OTHER SIGNIFICANT C disease condition given in the undercause last. 20a. ACCIDENT SUICID C C C C C C C C C C C C C C C C C C	ONDITIONS CON IN PART 1 (e)	20b. DESCRIBE HO	OW INJURY OCCURRED	D. (Enter nature of	injury in PART I or PA	regnancy in last 90 days No
RIBBON STREET	READ AMENDMENIS ON THIS KE	DOC	Which above stating lying PART I 19. WAS AUTOPSY PERFORMED? YES NO 20c. TIME OF HOUSE INJURY S.m. p.m 20d. INJURY OCCUR WHILE AT WOR NOT WHILE AT WOR NOT WHILE AT HOUSE 21. I attended the december of the control	gave rise to cause (a), the undercause last. DUE TO (consecution of the property of the condition of the con	ONDITIONS CON IN PART 1 (a) E HOMICIDE OF INJURY (e.g. actory, street, off	20b. DESCRIBE HO	20f. CITY, TOWN, OI	D. (Enter nature of R LOCATION	injury in PART I or PA	regnancy in last 90 days No Unknown RT II of item 18.)
RIBBON STREET	READ AMENDMENIS ON THIS KE		Which above stating lying PART 19. WAS AUTOPSY PERFORMED? YES NO 20c. TIME OF Hoo INJURY P.M 20d. INJURY OCCUR WHILE AT WOR NOT WHILE AT	gave rise io cause (a), if the undercause last. DUE TO (in the undercause last. DUE TO (in the undercause last.) 11. OTHER SIGNIFICANT Codisease condition given in the undercause last. Due TO (in the undercause last.) 20a. ACCIDENT SUICID LINE CONTROL	ONDITIONS CON IN PART 1 (a) E HOMICIDE OF INJURY (e.g. factory, street, of the control of the	20b. DESCRIBE HO	20f. CITY, TOWN, OI	D. (Enter nature of R LOCATION	injury in PART I or PA	regnancy in last 90 days No Unknown RT II of item 18.) STATE the causes stated.
RIBBON STREET	READ AMENDMENIS ON THIS KE	OF	Which above stating lying PART I 19. WAS AUTOPSY PERFORMED? YES NO 20c. TIME OF HOUSE INJURY S.m. p.m 20d. INJURY OCCUR WHILE AT WOR NOT WHILE AT WOR NOT WHILE AT HOUSE 21. I attended the december of the control	gave rise io cause (a), if the undercause last. DUE TO (in the undercause last. DUE TO (in the undercause last.) 11. OTHER SIGNIFICANT Codisease condition given in the undercause last. Due TO (in the undercause last.) 20a. ACCIDENT SUICID LINE CONTROL	ONDITIONS CON IN PART 1 (a) E HOMICIDE OF INJURY (e.g. actory, street, off	20b. DESCRIBE HO	20f. CITY, TOWN, On the date stated above,	D. (Enter nature of R LOCATION	injury in PART I or PA	regnancy in last 90 days No Unknown RT II of item 18.)
BLACK INK OR RITER RIBBON	SHOULD READ INSTEA	VIT OF	Which above stating lying PART I 19. WAS AUTOPSY PERFORMED? YES NO 20c. TIME OF How INJURY OCCUR WHILE AT WOR NOT WHILE AT 21. I attended the d Death occurred 22a. SIGNATURE	gave rise to cause (a), the under-cause last. DUE TO (a) 11. OTHER SIGNIFICANT C disease condition given in the under-cause last. 20a. ACCIDENT SUICID WORK	ONDITIONS CON IN PART 1 (e) E HOMICIDE OF INJURY (e.g. actory, street, of the control of the c	20b. DESCRIBE HO	20f. CITY, TOWN, OI 19/6 2 an he date stated above, 22b. ADDRESS	D. (Enter nature of R LOCATION	county ive on 6	regnancy in last 90 days No Unknown RT II of item 18.) STATE the causes stated.
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1 hereby ce	ertify that the body whose	name is recorded on the re	everse side of this certificate was embalmed by me,
or by	· · · · · · · · · · · · · · · · · · ·		, Student Embalmer No
	personal supervision.		melvin Barteau
Student	Signature of Student Embalmer	Signed	Licensed Embalmer No. 4903
			P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.